

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	44		05-01-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MFB	954	6/19/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	05-01-01
Original	05-01-01
1 1	✓
2 2	✓
3 3	✓
4 4	0
5 5	✓
6 6	0
7 7	0
8 8	0
9 9	0
10 10	0
11 11	✓
12 12	0
13 13	0
14 14	✓
15 15	✓
16 16	✓
17 17	0
18 18	0
19 19	0
20 20	0
21 21	0
22 22	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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